

## STATE EMPLOYEE HEALTH PLANS

	Member	Spouse	1 Child	2+ Children
<b>MONTHLY BENEFIT ALLOWANCE</b>				
<b>(health insurance only)</b>	\$606.09	\$671.44	\$229.91	\$365.21
<b>MONTHLY PREMIUMS</b>				<b>Deductibles</b>
HealthChoice High	\$463.99	\$681.96	\$235.57	\$363.45 \$500 individual, \$1,500 family
HealthChoice High Alternate	\$463.99	\$681.96	\$235.57	\$363.45 \$750 individual, \$2,250 family \$500 individual, \$1,000 family (after plan pays
HealthChoice Basic	\$402.98	\$593.52	\$207.66	\$319.80 first \$500 of allowed charges).
HealthChoice Basic Alternate	\$402.98	\$593.53	\$207.66	\$319.80 \$750 individual, \$2,250 family For use with health savings accounts. \$1,500
HealthChoice S-Account	\$382.56	\$515.44	\$190.18	\$291.90 individual, \$3,000 family. For out-of-state employees. Most provisions
HealthChoice USA	\$710.21	\$710.21	\$233.25	\$359.70 same as HealthChoice High.
CommunityCare HMO	\$543.82	\$792.14	\$276.98	\$443.16 None
GlobalHealth HMO	\$398.84	\$654.14	\$210.18	\$335.08 None